## **MEMORANDUM**

TO: Commissioners

FROM: Paul Gentile, Health Policy Analyst

Health Resources Division

DATE: October 15, 2001

RE: An Analysis and Evaluation of CON Regulation in Maryland-Working

Paper: Intermediate Care Facilities for Alcoholism and Drug Abuse-

Staff Recommendation - Release for Public Comment

## **Background**

At the September 13, 2001 meeting, the Commission considered a Working Paper: Intermediate Care Facilities for Alcoholism and Drug Abuse. Following the September meeting, the Commission invited interested organizations and individuals to submit written comments through October 12, 2001. The working paper outlined the following six alternative strategies for future oversight of intermediate care facilities serving alcoholism and drug abuse patients:

Option 1: Maintain Existing Certificate of Need Regulation

Option 2: Expand Certificate of Need Regulation

Option 3: Partial Deregulation of ICFs from CON Review-ADAA Option 4a: Total Deregulation of ICFs from CON Review-ADAA

Option 4b: Total Deregulation of ICFs from CON Review-Proposed Drug and

Alcohol Council

Option 5a: Deregulate ICF Services from CON Review; Create Data

Reporting Model

Deregulate ICF Services from CON Review; Public Report Card Option 5b: Option 5c:

Dergulate ICF Services from CON Review; Provider Feedback

Performance Reports

Deregulate ICF Services from CON Review Option 6:

The Commission received no public comments in response to the working paper options.

## **Staff Recommendation**

Under current Maryland health planning law, establishing a new ICF requires a CON. Proposals to develop ICFs providing alcohol and drug abuse services are reviewed based on the State Health Plan chapter that provides policies, standards, and need projections for both private and publicly-funded programs. Given that these services are beginning to be redeveloped with public funds, it seems reasonable to maintain the current CON requirement at this time. Staff suggests that the Commission recommend to the General Assembly that its regulatory oversight of ICFs for alcohol and drug abuse services be maintained through the CON program.